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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: DP PENN INVESTING LLC - (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
PORGET EVERET
(Name of Person)
CorporAte Confidential Inc.
(Firm/Company)
4909 Sproce Heir
CantoN OH 44718
(City/State and Zip Code)
For further information concerning this matter, please call:
ROBERT Ever at 330 494 8824
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	D. PENN	INVESTILL	LLC	
	II - Address: address and street	address of the princip	al office of the Limit	ed Liability Compar
Principal Office Address:			Mailing Address:	
11323	102ND AVE		11323	102ND AUE
LARGO	FL 33778	3 -	LAR60	FL 33778
ARTICLE I	III - Registered As	gent, Registered Offi	ce. & Registered Ag	vent's Signature:
The name an	id the Florida street	t address of the registe	ered agent are:	<del>-</del>
	Rober	et J. E.E.	RETT	
		Name		To S
	8313	Sdano BAL	1 Loop #1511	SELAH
	8313	Name  Sdanio Bar  a street address (P.O. Box	1 Loop #1511	00 S
	<u>8313</u> Florida	a street address (P.O. Box	NOT acceptable)	
	<u>8313</u> Florida	Sdano BAL	NOT acceptable)	
een named o	8313 Florida TA M  as registered agent a	a street address (P.O. Box  PA  City, State, and Zip  and to accept service of	NOT acceptable)  FLORIDA 33635  If process for the above	e stated limited Trabil
at the place ct in this cap	Florida  TA M  as registered agent of the designated in this coacity. I further agree	City, State, and Zip and to accept service of ac	NOT acceptable)  FLORIDA 33635  f process for the above cept the appointment oppositions of all status	e stated limited Trabia as registered agent a tes relating to the pro
at the place et in this cap plete perforn	Florida  TA M  TA M  as registered agent of this condity. I further agranates of my duties, where the conditions are the conditions of the conditions.	City, State, and Zip and to accept service of acceptificate, I hereby accepte to comply with the pand I am familiar with	NOT acceptable)  FLORIDA 33635  If process for the above cept the appointment of and accept the obligations of the above and accept the obligations.	e stated limited Rabil as registered agent a tes relating to the pro ations of my position
at the place et in this cap plete perforn	Florida  TA M  TA M  as registered agent of this condity. I further agranates of my duties, where the conditions are the conditions of the conditions.	City, State, and Zip and to accept service of ac	NOT acceptable)  FLORIDA 33635  If process for the above cept the appointment of and accept the obligations of the above and accept the obligations.	e stated limited Rabil as registered agent a tes relating to the pro ations of my position
een named d	8313 Florida TA M  as registered agent a	a street address (P.O. Box  PA  City, State, and Zip  and to accept service of	NOT acceptable)  FLORIDA 33635  If process for the above	e stated limited

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	DANIEL A MONDELLO 11323 102ND AVE LARGO FL 33778
mg Rm_	-DARELL GARNER 3519 Edenwood DR Howdry FL 34691
(Use attachment if necessary)	
NOTE: An additional article must be a	dded if an effective date is requested.
(In accordance with section 608.40	,

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)